

OSAH FORM 1

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY DOE	CASE TYPE SE	DOCKET NUMBER	COUNTY	JUDGE
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NAME OF REFERRING AGENCY: **DEPARTMENT OF EDUCATION**

COUNTY OF STUDENT'S RESIDENCE: _____

DATE OF HEARING REQUEST: _____

CONTACT PERSON IN REFERRING AGENCY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL: PAGER:

SCHOOL SYSTEM

SCHOOL SYSTEM NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	CONTACT PERSON POSITION	EMAIL: PAGER:

SCHOOL SYSTEM'S ATTORNEY

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

STUDENT

STUDENT'S FIRST AND LAST INITIALS ONLY:	TEL NO:	FAX NO:
PARENT(S) AND/ OR CUSTODIAL PARENTS:		EMAIL:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST :		

STUDENT'S ATTORNEY

STUDENT'S ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR NO:	EMAIL: PAGER:

PARTY REQUESTING THE HEARING:	<input type="checkbox"/> STUDENT'S PARENT(S) OR CUSTODIAN(S)
	<input type="checkbox"/> SCHOOL SYSTEM